State of Illinois
Department of Human Services

Application for the Supplemental Nutrition Assistance Program (SNAP) 2 (Permanent)

Please print clearly and answer all questions fully. You, and anyone living with you, may need to provide proof of all income and certain expenses. We are required to act on your application within thirty days of receipt. This application must be filed with your local Illinois Department of Human Services (IDHS). **You may complete this form at home and mail or bring it to an IDHS Family Community Resource Center (FCRC), or a household member or an adult, who you may know, may complete the application and return it to us for you**. If an approved representative completes and signs this form for you, they will answer the questions as they relate to the applicant and not to the approved representative. Use the IDHS Office Locator to find an FCRC at www.dhs.state.il.us/page.aspx?module=12 or call the IDHS Helpline at 1-800-843-6154. You can also apply for benefits at ABE.Illinois.gov

You may be entitled to receive benefits right away if:

* your gross nonexempt income and liquid assets are less than your monthly rent or mortgage payment and the appropriate utility standard: or,
* you have assets of $100 or less and
  - your gross monthly income for the month of application is less than $150; or
  - at least one person applying is a migrant who is "out of funds."

4cc3362d-9397-48aa-9f84-408acd0faede

(For Office Use Only)
Case Number:
Case Name:
Application Date:

Name (Head of Household):

Address (Number-Street-Apt. #-PO Box #): City: County: State: Zip Code:

Mailing Address-If Different: City: County: State: Zip Code:

Home Telephone: Work Phone: Emergency Telephone:

Birth Date: Social Security Number:

Signature: Date:

You have the right to immediately file the application as long as the top of this Page 1 application is completed with your name, address and signature. The filing of this signed Page 1 starts the application processing timetable. Providing your date of birth and Social Security Number on this signed page will help us with the application registration process.

Citizenship/Immigration Status

If you or any other member of your SNAP unit are not applying for SNAP benefits because you do not wish to provide information about your immigration status, you do not have to give us that information. The failure to provide immigration information will not affect processing the application for the remaining members of the SNAP unit. However, any member of your SNAP unit who is applying for SNAP benefits for himself or herself has to provide information on their immigration status.

Are all members of the SNAP unit U.S. citizens? ☐ Yes ☐ No

Complete the following information for any non-citizens who are applying for SNAP benefits. If you need more room, attach another sheet of paper.

Name	Age	Date Came to U.S.	Registration Number
1.			
2.			
3.			
4.			
5.			

If there are any SNAP unit members who are not applying for benefits because they do not wish to provide proof of their immigration status, please list them below. We will only ask questions about their income.

Name (Last) (First) (MI)	Name (Last) (First) (MI)
1.	2.
3.	4.
5.	6.

Check where you live:

☐ Rented apartment/house/trailer ☐ Federally subsidized housing
☐ Own home/trailer ☐ Hotel

4cc3362d-9397-48aa-9f84-408acd0faede

☐ Long term care facility ☐ Supportive living facility ☐ Another person's home ☐ Hospital
☐ Other (Please explain) ______________________________

The following two questions are voluntary. Answering these questions will not affect your eligibility or level of benefits. The reason for this information is to assure that program benefits are distributed without regard to race, color or national origin.

(Please, answer for the questions for each member of your household. Attach additional pages as needed.)

Name (Last, First MI)	Are you Hispanic or Latino?	What is your race? (Select one or more)
	☐ Yes ☐ No	☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White
	☐ Yes ☐ No	☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White
	☐ Yes ☐ No	☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White
	☐ Yes ☐ No	☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White
	☐ Yes ☐ No	☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White
	☐ Yes ☐ No	☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White
	☐ Yes ☐ No	☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White
	☐ Yes ☐ No	☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White

This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Does the adult member of your household who will usually discuss your case with DHS speak English fluently? ☐ Yes ☐ No

Does the adult member of your household who will usually receive mail or written information from DHS read English fluently? ☐ Yes ☐ No

If you checked either one of the above questions "No", what language do you speak? ______________

State of Illinois
Department of Human Services

Application for the Supplemental Nutrition Assistance Program (SNAP) 2 (Permanent)

4cc3362d-9397-48aa-9f84-408acd0faede

SNAP Unit Members:

Including yourself, how many people live with you? _____

Are you or anyone who lives with you age 60 or older? ☐ Yes ☐ No

Are you or anyone who lives with you blind? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

If yes, who: _____

Is this a refugee SNAP household? ☐ Yes ☐ No

Starting with yourself, please list everyone who is applying for benefits with you and show in the last box if the person(s) you have listed buys and prepares food with you.

Name (Last) (First) (MI)	M/F	Birth Date	SSN	Relationship	Check your answer
1.				Self	Buy and prepare with you
2.					☐ Yes ☐ No
3.					☐ Yes ☐ No
4.					☐ Yes ☐ No
5.					☐ Yes ☐ No
6.					☐ Yes ☐ No
7.					☐ Yes ☐ No
8.					☐ Yes ☐ No

For additional persons, please attach a separate sheet of paper

Has anyone listed above:

* received SNAP benefits in the last sixty days?..... ☐ Yes ☐ No
* applied for or received SNAP benefits using a different name?..... ☐ Yes ☐ No
* been convicted of committing SNAP fraud?..... ☐ Yes ☐ No

If you answered yes to any of the above questions, please explain: _____

Is there anyone else living with you who is not applying for benefits?
If yes, please list below:

Name _____ Relationship to You: _____

Name _____ Relationship to You: _____

Name _____ Relationship to You: _____

4cc3362d-9397-48aa-9f84-408acd0faede

Residence:

Do you live in Illinois?..... ☐ Yes ☐ No
Are you staying in a shelter, halfway house, or similar building which provides shelter?..... ☐ Yes ☐ No
Are you staying at someone else's place on a temporary basis?..... ☐ Yes ☐ No
(a) If yes, is this because you have no place to live and would otherwise be forced to live in a place such as a shelter or on the street?..... ☐ Yes ☐ No
(b) If "yes", are you related as a parent, child, or spouse, to anyone living in that home?..... ☐ Yes ☐ No
Are you staying in a place not normally used as a regular sleeping place, such as: a hallway, bus station, library, park, car. or on the street?..... ☐ Yes ☐ No
Are you a resident of: a group living facility?..... ☐ Yes ☐ No
a shelter for battered women and children?..... ☐ Yes ☐ No
a drug/alcohol treatment facility?..... ☐ Yes ☐ No
Do you pay someone else: (a) for a room? ☐ Yes ☐ No
(b) for your meals? ☐ Yes ☐ No

Work Provisions:

Is each person age 18 through age 59 able to work?..... ☐ Yes ☐ No
Does anyone in the SNAP unit age 18 through age 49 go to school?..... ☐ Yes ☐ No
If yes, who: _____
Is anyone in the home needed to care for a person who is ill?..... ☐ Yes ☐ No
If yes, who: _____
Is anyone participating in a drug addiction/alcohol treatment program?..... ☐ Yes ☐ No
If yes, who: _____
Is anyone responsible for the care of a dependent child under age 6?..... ☐ Yes ☐ No
If yes, who: _____

List all persons age 18 through 59 who are unable to work because of a medical condition: _____

Student Status:

Does anyone in your SNAP unit who is age 18 through 49 attend a school other than high school? ☐ Yes ☐ No

Name: _____ School: _____

Name: _____ School: _____

Is the student(s) enrolled half time or more?..... ☐ Yes ☐ No

Income from Work

Has anyone stopped working in the last three months? ☐ Yes ☐ No

4cc3362d-9397-48aa-9f84-408acd0faede

If yes, what was the final pay date? _____

Is anyone in your SNAP unit on strike?..... ☐ Yes ☐ No

Has a member quit a job, reduced work hours to less than 30 hours per week, or refused to take a job in the last 60 days?

☐ Yes ☐ No

If yes, who? _____ Why? _____

Is anyone self-employed? ..... ☐ Yes ☐ No

Fill in all blanks for each member with a job. If a member has more than one job, list each job separately. Include self-employment.

Household Member	Employer/Source	Address	Gross Pay	Hours/Wk	How often Paid
			$		
			$		
			$		
			$		

(Attach another sheet of paper, if necessary)

Other Income

Does anyone receive income from any of the following sources? If so, check each one that applies and give complete information below:

☐ TANF (Temporary Aid to Needy Families) ☐ Social Security ☐ Unemployment Benefits
☐ Supplemental Security Income (SSI) ☐ Employment ☐ Aid from another State
☐ DCFS (for care of children) ☐ Child Support ☐ Money from friends/relatives (gifts/loans)
☐ Scholarships, student loans, grants ☐ Roomers and/or boarders ☐ Any other source of income (explain below)
☐ Pensions or Retirement Income or Trust Income ☐ SSP (State Supplemental Payment to the Aged, Blind or Disabled)

Source of Income	Gross Amount	When Received	How Often	Person with Income
	$			
	$			
	$			
	$			

(Explain): _____

Does anyone pay a member of the SNAP unit for meals, a room, or both? ☐ Yes ☐ No

If Yes, complete the following:

Name of roomer/boarder: _____ Amount: $ _____ How often? _____

4cc3362d-9397-48aa-9f84-408acd0faede

Dependent Care

Does anyone in the SNAP unit pay for someone to care for a child or a disabled adult so you or they can accept or continue a job, comply with the department's employment & training requirements, or attend training or pursue education to prepare for a job? ☐ Yes ☐ No

If yes, who provides this care? Name: _____

Address: _____ Telephone Number: _____

Dependent's Name	Gross Amount	How often Paid	Does anyone pay this expense for you?
	$		
	$		
	$		
	$		

Child Support

Does anyone pay child support ordered by a court or an administrative order?..... ☐ Yes ☐ No

If yes, complete the following information.

Amount Due	How often Due	Amount Paid	Paid How Often	Payment is For
$		$		
$		$		
$		$		

Housing Costs

Complete the following for each housing expense that applies to your household.

Expense	Amount Due	How often Due	Cost Shared	Amount You Pay	Paid By Others
Rent:	$			$	$
Mortgage:	$			$	$
Taxes:	$			$	$
Insurance:	$			$	$
Lot Rent:	$			$	$

If you rent, complete the following information:

Landlord's name: _____

Address: _____ Phone Number: _____

Utility Expenses

1. Did you receive a payment of $21 or more this month or in any of the last 12 months from the Low Income Home Energy Assistance Program (LIHEAP), (in Chicago paid through CEDA)?..... ☐ Yes ☐ No
2. If No, are you billed separately from your rent or mortgage for:
   Heat or air conditioning? ..... ☐ Yes ☐ No
   Excess cost for heat or air conditioning? ..... ☐ Yes ☐ No

NOTE: Air conditioning is a window air or central air conditioning unit.

Utility Expenses (continued)

Please complete the following information if you answered (No) to question 1 and are not billed for heat or air conditioning separately from rent or mortgage.

4cc3362d-9397-48aa-9f84-408acd0faede

Expense	Amount	Cost Shared?	Amount You Pay	Paid By Others
Electricity	$	☐ Yes ☐ No	$	$
Water and/or Sewerage	$	☐ Yes ☐ No	$	$
Garbage	$	☐ Yes ☐ No	$	$
Cooking Fuel	$	☐ Yes ☐ No	$	$
Basic Phone Service (including cell phone)	$	☐ Yes ☐ No	$	$
Septic Tank Installation and Maintenance	$	☐ Yes ☐ No	$	$
Well installation and maintenance	$	☐ Yes ☐ No	$	$
A fee for starting utility service (Specify what utilities you start)	$	☐ Yes ☐ No	$	$
A flat amount for utilities (specify what utilities you pay)	$	☐ Yes ☐ No	$	$

Medical Deduction for Persons Disabled or Age 60 or Older

If a SNAP unit member is disabled or age 60 or older your SNAP unit may be entitled to a Standard Medical Deduction. To get the Standard Medical Deduction, you have to prove you pay out of pocket monthly medical expenses of $36 or more.

*If you do not live in a group home the Standard Medical Deduction is $245.
*If you live in group home the Standard Medical Deduction is $485.

Can you prove that you pay $36 or more monthly in medical expenses? ☐ Yes ☐ No

If yes and you give us proof, we will allow the Standard Medical Deduction that applies to your household. If your monthly medical expenses that you pay are more than $245/$485 and you give us proof, we will allow your actual medical expenses.

Approved Representative

If you want someone other than the head of the SNAP unit to be able to complete the application process and/or use your benefits to buy food for the household, write that person's name and address below:

Name of Approved Representative: _____ Telephone: _____

Address: _____

(Number) (Street) (Apt No.) (City) (State) (Zip Code)

4cc3362d-9397-48aa-9f84-408acd0faede

Signature

Please read pages nine and ten of this application for important information about required verifications, your rights, responsibility for reporting changes, and the penalty warning:

By signing below, I swear or affirm, under penalty of perjury, the answers on this application are true and correct to the best of my knowledge.

I have read, or have had read to me, the information about verifications, my rights, responsibility to report changes, and the penalty warning contained on pages eight and nine of this application. I understand the questions on this application and the penalty for hiding or giving false information or breaking of the rules listed in the penalty warning.

I understand that if approved for SNAP benefits and I receive more benefits than I am entitled to, whether it be an error on my part or an agency error, the amount of overpaid benefits is subject to recoupment/recovery.

✓ I declare under penalties of perjury that i have examined this form and all accompanying statements or documents pertaining to the income and resources of myself (the applicant) or any member of my family (the applicant's family) included in this application for aid, or pertaining to any other matter having bearing upon my (the applicant's) eligibility for aid, and to the best of my knowledge and belief the information supplied is true, correct, and complete.

Your Signature: _____ Date: _____

Witness: (if signed with an "X"): _____ Date: _____

You are (check one): ☐ Head of SNAP unit or a SNAP unit member

☐ The SNAP unit's approved representative (Note: Written authorization from the SNAP unit is required)

You can mail or bring this form to an Illinois Department of Human Services, Family Community Resource Center (FCRC). Use the IDHS Office Locator to find an FCRC at www.dhs.state.il.us/page.aspx?module=12 or call the IDHS Helpline at 1-800-843-6154. You can also apply for benefits at ABE.Illinois.gov or by calling the Helpline at 1-800-843-6154.

***** Please keep pages nine and ten for reference. They contain important information. *****

Important Information

Ask your caseworker to explain anything you do not understand.

4cc3362d-9397-48aa-9f84-408acd0faede

Because the SNAP program requires a Social Security Number (SSN) for every member of your household who is applying for SNAP benefits, we are explaining how your SSN is used by IDHS.

What does IDHS do with your Social Security Number?

The SSN will be used in the administration of the SNAP program to check the identity of household members, prevent duplicate participation, and to facilitate making mass changes. If you or any member of your household want to apply for SNAP benefits, but does not have a SSN, we can help you apply for one. The SSN will be used in computer matching and program reviews or audits and to make sure the household is eligible for SNAP benefits, other Federal assistance programs, and Federally assisted state programs, such as school lunch, TANF, and Medicaid. IDHS secures and uses information about all clients through the income and eligibility verification system. This includes such information as receipt of social security benefits, unemployment insurance, unearned income and wages from employment. When Information does not match, we may contact a third party, such as employers, claims representatives or financial institutions to verify the information. This information may affect your eligibility for assistance and the amount of assistance provided. This may result in criminal or civil action or administrative claims against persons fraudulently participating in the SNAP program. We do not require a Social Security Number for any member of your household who is not eligible for the SNAP program or who does not wish to apply.

Why does IDHS collect your Social Security Number?

IDHS will only use your SSN for the purpose for which it was collected. IDHS will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; publicly post or publicly display your SSN; print your SSN on any card required for you to access our services; require you to transmit your SSN over the internet, unless the connection is secure or your SSN is encrypted; or print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

Right to appeal.

A fair hearing may be requested either orally or in writing if there is a disagreement with any action taken on this case. The SNAP unit's case may be presented at the hearing by any person chosen by the SNAP unit.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State of Illinois Department of Human Services) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) Fax: (202) 690-7442; or
(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.
This is an equal opportunity employer.

Additional Illinois Nondiscrimination Information
You may also write the Illinois Department of Human Services (IDHS) at Illinois Department of Human Services, Bureau of Civil Affairs, 401 South Clinton St., 6th Floor,Chicago, Illinois, 60607 or call the IDHS Helpline Number at 1-800-843-6154 or 866-324-5553 TTY/Nextalk or 711 TTY Relay.

IDHS, HHS, and USDA are equal opportunity providers and employers.

The State of Illinois provides reasonable accommodations according to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

Declaration Regarding Citizenship/Alien Status

I declare, under penalty of perjury, that the statements I have made regarding the citizenship or alien status of each person requesting assistance are true and correct. I understand that the alien status of each person requesting assistance who is not a citizen of the United States will be verified with the United States Citizenship and Immigration Services (USCIS). This will require the disclosure to USCIS of certain identifying information which I have provided. The information received from USCIS may affect eligibility for assistance and the benefit level.

I understand that documents may have to be provided to prove what I have said. I agree to do this. If documents are not available, I agree to give the name of the person or organization the FCRC may contact to obtain the necessary proof. **The information on this form is subject to verification by Federal, State, and Local Officials. If any information is found to be inaccurate, I may be denied SNAP benefits, and/or be subject to criminal prosecution for knowingly providing false information.**

I understand that a change that happens after the eligibility interview and before the notice of decision must be reported within 10 calendar days unless otherwise notified. If I have any doubt about whether to report a change, I will ask my Human Services caseworker.

4cc3362d-9397-48aa-9f84-408acd0faede

AT THE APPLICATION	
You Must Report	**You must report and verify:**
Child care expenses	Medical expenses
Rent or mortgage payment, property taxes and insurance and utility expenses.	Child support paid to a non-SNAP Unit member

Failure to report or verify above expenses will be seen as a statement by your SNAP Unit that you do not want to receive a deduction for the unreported expenses.

Child support payments are subject to verification by computer matching with the records of the Division of Child Support Enforcement.

Penalty Warning - **What are the SNAP Program Penalties?**

If you.....	**Then you will lose SNAP benefits**
* Hide or give wrong information on purpose to get SNAP benefits * Trade, steal or sell SNAP benefits, or resell food bought with SNAP benefits * Use SNAP benefits to buy non-food items like alcohol or tobacco. * Use someone else's SNAP benefits for yourself or someone else. * Throw away beverages purchased with SNAP benefits just to get money back from a container deposit.	*** 12 months first time** *** 24 months the second time** *** Permanently the third time**
Trade SNAP benefits for controlled substance, such as drugs.	*** 24 months first time** *** Permanently the second time**
Trade SNAP benefits for firearms, ammunition or explosives.	*** Permanently**
Buy, sell, steal or trade SNAP benefits of more than $500.00	*** Permanently**
* Give false information about who you are and where you live so you can get extra SNAP benefits.	*** 10 years**

You can also be fined up to $250,000 and put in prison up to 20 years or both. In addition you may be barred from SNAP for an additional 18 months if court ordered. You can also be charged under other Federal Laws. Persons who are fleeing felons or probation/parole violators are ineligible for SNAP benefits.

ILLINOIS VOTER REGISTRATION APPLICATION

FOR ILLINOIS RESIDENTS ONLY

(September 2017)

TO VOTE YOU MUST:

- Be a United States citizen
- Be at least 18 years old (some 17 year olds may vote in the General Primary Consolidate Primary or Caucus.)
- Live in your election precinct at least 30 days
- Not be convicted and incarcerated.
- Not claim the right to vote anywhere else

TO VOTE IN THE NEXT ELECTION:

- **Mail or deliver this application to your County Clerk or Boardof Election Commissioners** no later than 28 days before the next election. (click here for County Clerk/Election Boardlistings) **or go to http://www.elections.il.gov**

IMPORTANT INFORMATION:

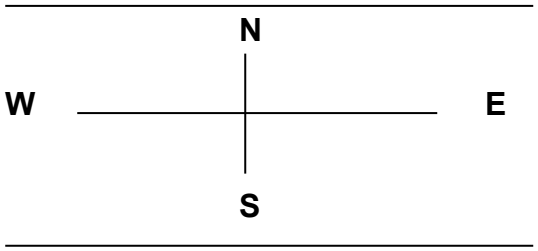
- If you do not have a driver's license, State Identification Card or social security number, and this form is submitted by mail, and you have never registered to vote in the jurisdiction you are now registering in, then you must send, with this application, either (i)a copy of a current and valid photo identification, or (ii) a copy of a current utility bill, bank statement, government check, paycheck,or other government document that shows the name and address of the voter. If you do not provide the information required above,then you will be required to provide election officials with either (i)or (ii) described above the first time you vote in person or prior to voting by mail.
- If you change your name you must re-register.
- If you register at a public service agency, any information regarding the agency that assisted you will remain confidential as will any decision not to register.
- If you do not receive a Notice within 2 weeks of mailing or delivering this application, call your County Clerk or Board of Election Commissioners.

TO COMPLETE THIS FORM:

Box 1-If you do not have a middle name, leave blank.
Box 3-If mailing address is same as Box 2, write "same".
Box 4-By providing an email address you agree to receiveelection related notices via email.
Box 5-If you have never registered before, leave blank. If you do not remember your former address; provide as muchinformation as possible.
Box 6-If you have not changed your name, leave blank.
Box 10-If you have an Illinois Driver's License or Secretary of State ID, check the first box and fill in the number. If you do not have a Driver's License or SOS ID, check the second box and fill in the last four digits of your Social Security Number. If you do not have a SSN, check the third box and send a copy of the appropriate document (as described in the "Important Information" section) along with this form.
Box 11-Read, date and personally sign your name or make your mark in the box.

IF YOU HAVE NO STREET ADDRESS,

below describe your home: list the name of subdivision; cross streets; roads; landmarks; mileage and/or neighbors' names.



If you have questions about completing this form, please call the State Board of Elections at (217) 782-4141 or (312) 814-6440 (or webmaster@elections.il.gov).

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK

Are you a citizen of the United States of America? (check one) Yes ☐ No ☐
Will you be 18 years of age on or before the next election day OR are you currently 17 and will be 18 by the day of the next General or Consolidated Election? (check one) Yes ☐ No ☐
If you checked "no" in response to either of these questions, then do not complete this form.

Office Use

You can use this form to: (Check One) ☐ apply to register to vote in Illinois ☐ change your address ☐ change your name

1. Last Name | First Name | Middle Name or Initial | Suffix (Circle One) Jr. Sr. II III IV

2. Address where you live (House No., Street Name, Apt. No.) | City/Village/Town | Zip Code | County | Township

3. Mailing address (P.O. Box) | City/Village/Town | Zip Code

4. Email (optional)

5. Former Registration address: (include City and State and Zip Code) | Former County

6. Former Name: (if changed)

7. Date of Birth: MM/DD/YY

8. Sex (circle one) M F

9. Home telephone number, including area code (optional)
( ) -

10. ID Number - check the applicable box and provide the appropriate number
☐ IL Driver's License or, if none, Sec. of State ID, ot
☐ Last 4 digits of Social Security Number
☐ I have none of the above identification numbers
_____

11. Voter Affidavit - Read all statements and sign within the box to the right.
I swear or affirm that:

- I am a citizen of the United States;
- I will be at least 18 years old on or before the next election **(or the next General or Consolidated Election)**;
- I will have lived in the State of Illinois and in my election precinct at least 30 days as of the date of the next election;
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, then I may be fined, imprisoned, or if I am not a U.S. citizen, deported from or refused entry into the United States.

This is my signature or mark in the space below.

Today's date: _____ / _____ / _____

12. If you cannot sign your name, ask the person who helped you fill in this form to print their name, address and telephone number.

Name of person assisting. | Full Address | Telephone No.

YOUR ADDRESS

PUT
FIRST
CLASS
STAMP
HERE

MAIL TO:

CHANGE OF ADDRESS

PCT	WARD	CODE	ADDRESS	CITY	ZIP	COUNTY	DATE	CLERK

SUSPENSION, CANCELLATION AND REINSTATEMENT

DATE	EXPLAIN	CLERK	DATE	EXPLAIN	CLERK

To Election Judges

For Primary, mark
D for Democrat
R for Republican
for all other
elections mark V

Voting Record	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Primary																			
General																			
NonPartisan																			
Special																			